STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	C 08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT ORADELL	**600 KINDERKAMACK ROAD ORADELL, NJ 07649**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT# NJ00113441 STANDARD SURVEY: 8/13/19 CENSUS: 111 SAMPLE SIZE: 23 (pluse 3 closed records) The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to follow and clarify a physician's order with regards to [redacted] administration for 1 of 26 residents (Resident #27) according to the standards of clinical practice. This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential	F 658	I. One resident was affected, Resident # 27 II. Resident on [redacted] have the potential to be affected III. Frequents rounds will continue to ensure the accurate [redacted] setting is followed per physician order In-service was performed for licensed staff by Facility Educator on clinical rounding In-service was performed for licensed staff by Facility Educator on Physician	8/15/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/22/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	C 08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 1 physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 8/5/19 at 9:16 AM, the surveyor observed Resident #27 lying in bed. The resident's head of bed was slightly elevated with [redacted] The [redacted] was [redacted] which means the amount of [redacted] a resident is [redacted] Resident's breathing at that time was easy and unlabored. On 8/6/19 at 10:20 AM, the surveyor observed the resident lying in bed with [redacted] at [redacted]. The [redacted] showed that [redacted] had a line set to [redacted] which means that for [redacted].	F 658	order policy IV. Three residents on [redacted] will be observed weekly for three months to validate [redacted] is consistent with physicians orders Audit results will be reviewed by administration at monthly and quarterly QAA meetings for six months to ensure compliance and following the center's policy & procedures.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	C 08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 2 A review of the resident's Face Sheet (an admission summary), reflected that the resident was admitted to the facility on [redacted] and had diagnoses which included [redacted]. A review of the [redacted] Comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, indicated a Brief Interview for Mental Status (BIMS) score of [redacted]. A review of the August 2019 Order Summary Report with a Physician's Orders (PO) dated 5/28/19, revealed an order for [redacted]. The corresponding physician order was transcribed into the August 2019 electronic Treatment Administration Record (eTAR). Further review of the August 2019 eTAR's, revealed that the PO dated 5/28/19 for [redacted] was plotted for every shift (7a-3p, 3p-11p, 11p-7a) and signed by the nurses as administered. On 8/6/19 at 10:49 AM, the surveyor called the Licensed Practical Nurse/Unit Manager (LPN/UM) into the resident's room to check and verify the [redacted] use for Resident #27. The LPN/UM confirmed that the [redacted] was set at [redacted] and [redacted]. At that same time, the LPN/UM acknowledged that she did not know what the physician's order for [redacted] was. She further stated that it was the nurse's responsibility to	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	C 08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT ORADELL	**600 KINDERKAMACK ROAD ORADELL, NJ 07649**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 3 check routinely that the [redacted] delivered was the same according to the physician's order. On that same day and time, the LPN/UM stated,"it should be at [redacted]." The LPN/UM confirmed that the [redacted]. She indicated that she would call the physician to clarify the order. On 8/6/19 at 10:52 AM, the LPN/UM checked the electronic medical record and informed the surveyor that the [redacted] order was for [redacted] at [redacted] and, "it should not have been at [redacted]." In addition, the LPN/UM provided a copy of the 8/2/19 and 8/5/19 Subsequent [redacted] Consult which revealed the [redacted] should be set at [redacted] On 8/6/19 at 10:58 AM, the surveyor in the presence of the LPN/UM, interviewed the LPN assigned to Resident #27 who stated, "I think it was set at [redacted]." On that same day and time, the LPN stated that it was her responsibility to check the [redacted] order and that it was nurses who regulated the [redacted] for the resident. She further stated that she did not know what had happened or why the [redacted] On that same day at 11:02 AM, the LPN informed the surveyor that the vital signs of the resident were checked and there was no negative outcome to the resident. On 8/7/19 at 1:29 PM, the survey team met with the Administrator and the Director of Nursing (DON) and discussed the above observations and concerns.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315339	A. BUILDING _____ B. WING _____	C 08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT ORADELL	600 KINDERKAMACK ROAD ORADELL, NJ 07649

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 4 On 8/8/19 at 1:29 PM, the DON informed the surveyors in the presence of the Administrator and Assistant Director of Nursing (ADON) that the [redacted] was notified of the incident and indicated that there was no negative outcome when the resident was receiving [redacted]. The DON stated that the [redacted] would be coming in on Monday to meet with the survey team. On 8/12/19 at 10:51 AM, the survey team met with the Administrator, [redacted] and the [redacted]. The [redacted] informed the surveyors that there was no negative effect on the resident when the [redacted] was set at [redacted] on 8/5/19 and 8/6/19. He stated that he was called on the 8/6/19 regarding the incident and that he changed the order to [redacted] He further stated, "It should be at [redacted]" The [redacted] acknowledged that the order for [redacted] was not followed and the [redacted] was not clarified until the surveyor's inquiry. A review of the facility Physician Orders Policy provided by the DON with a revision date of 9/29/15 indicated, "Directives known as Physician Orders will be obtained to manage the medical condition and plan of care of each resident," and "Physician Orders are required prior to care and treatment being rendered." NJ 8:39-11.2 (b)	F 658		